

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			* IND. DEP.		* IND. DEP.		* IND. DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51						
2		/					52						
3		/					53						
4		/					54						
5		/					55						
6		/					56						
7		/					57						
8		/					58						
9	/						59						
10		/					60						
11		/					61						
12		/					62						
13		/					63						
14		/					64						
15	/						65						
16		/					66						
17		/					67						
18		/					68						
19		3					69						
20		3					70						
21		3					71						
22	/						72						
23		/					73						
24		/					74						
25		/					75						
26		/					76						
27		4					77						
28		4					78						
29		4					79						
30		4					80						
31		4					81						
32		4					82						
33		4					83						
34		4					84						
35		4					85						
36		4					86						
37		4					87						
38		4					88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	4						TOTAL IND.						
TOTAL DEP.	76						TOTAL DEP.						
TOTAL CLAIMS	80						TOTAL CLAIMS						